"EFFECTIVENESS OF PUBLIC AWARNESS PROGRAMME ON KNOWLEDGE AND ATTITUDE REGARDING ILL EFFECTS OF TOBACCO AMONG TOBACCO USERS IN SELECTED VILLAGE, VELLORE DISTRICT"

BY

MR. P. YUGANDHAR

A Dissertation submitted to

THE TAMILNADU DR.M.G.R MEDICAL UNIVERSITY,

CHENNAI - 32

In partial fulfillment of the requirement for the Degree of

MASTER OF SCIENCE IN NURSING

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CERTIFICATE

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INTERNAL EXAMINER

Signature

EXTERNAL EXAMINER

Signature

DECLARATION

I hereby declare that the present dissertation entitled **EFFECTIVENESS OF PUBLIC AWARENESS PROGRAMME ON KNOWLEDGE AND ATTITUDE REGARDING ILL-EFFECTS OF TOBACCO AMONG TOBACCO USERS AT SELECTED VILLAGE, VELLORE DISTRICT"** is the outcome of the original research work under taken and carried out by me, under the guidance of **Prof. Mrs. Sunitha Priyadharshini M.sc.,(N) M.Sc(Psy)., P.hD.,** Principal, Arun College of Nursing and **Mrs. P. Meena M.Sc.,(N)., P.hD** Associate Professor in Community Health Nursing. I also declare that the material of this as not formed anyway, the basis for the award of any degree in this university or any other university.

MR.P.YUGANDH
AR

M.Sc.,(N) II YEAR

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MR.P.YUGANDHAR

ABSTRACT

A study to assess the effectiveness of public awareness programme on knowledge and attitude regarding the ill effects of tobacco among tobacco users at selected village, Vellore District.

OBJECTIVES

1. To assess the prevalence of tobacco users in the selected village.
2. To identify the factors influencing tobacco use among tobacco users.
3. To assess the pre and post test level of knowledge and attitude regarding the ill effects of tobacco among tobacco users.
4. To assess the effectiveness of public awareness programme on knowledge and attitude regarding the ill effects of tobacco among tobacco users.
5. To correlate the mean differed knowledge score with attitude score regarding the ill effects of tobacco among tobacco users.
6. To associate the mean differed knowledge and attitude score with their selected demographic variables

Major finding of the study

The first objective was to assess the prevalence of tobacco users in the selected village.

The findings of the study revealed that out of the total population of the village (1444) around 223(15.5%) people were using one or more types of tobacco products. Among them 191(85.6%) were males and 32(14.4%) were females.

Among the total tobacco users, 193(86.5%) were smokers, 78(34.9%) of people were using chewing type of tobacco and 24(10.7%) were using snuff. All forms of tobacco use like smoking, chewing and snuff were more prevalent among males (100%, 65% and 79% respectively).

The second objective was to identify the factors influencing tobacco use.

The findings of the study showed that, majority 63(63%) were unaware about the adverse effects of tobacco use, 58(58%) were using tobacco because of curiosity, 31(31%) were using tobacco to lift themselves, 28(28%) were using tobacco to get rid of tension and 44(44%) was considering tobacco as an unavoidable thing in their life.

With respect to parental factor, 78(78%) had a family history of tobacco use, 67(67%) experienced that their family members were asking about tobacco use and none of them were using tobacco as a revenge to their family.

With respect to socio-economic and cultural factors, 56(56%) were encouraged by friends to use tobacco, 89(89%) were not spending money for tobacco because they are getting enough money from job, 94(94%) were not attracted by any tobacco advertisement, 72(72%) were not using tobacco with a purpose to cope up with job workload, 93(93%) were not using tobacco because it is easily available and none of them consider it as an accepted behavior in their culture.

The third objective was to assess the pre and post test level of knowledge and attitude regarding the ill effects of tobacco among tobacco users.

The findings of the study revealed that majority of tobacco users 66(66%) had inadequate knowledge, 34(34%) had moderately adequate knowledge and none of them had adequate knowledge regarding the ill effects of tobacco.

The findings of the study revealed that majority, 76(76%) had moderately favorable attitude, 19(19%) had unfavorable attitude and 5(5%) had favorable attitude.

Analysis of the post test level of knowledge of the tobacco users revealed that, 13(13.0%) had inadequate knowledge, 30(30.0%) had moderately adequate knowledge and 57(57%) had adequate knowledge regarding the ill effects of tobacco.

Analysis of the post test level of attitude of the tobacco users revealed that, 3(3.0%) had unfavorable attitude, 27(27.0%) had moderately favourable attitude and 70(70%) had favourable attitude regarding the ill effects of tobacco.

The fourth objective was to assess the effectiveness of public awareness programme on knowledge and attitude regarding the ill effects of tobacco among tobacco users.

When comparing the pre and post test level of knowledge regarding the ill effects of tobacco, the pre-test mean score was 11.07 with S.D 2.96. The post test mean score was 19.19 with S.D 3.34. The mean difference was 8.12 and the calculated‘t’ value was 56.489, which was statistically highly significant at $P < 0.05$ level. This finding was suggestive of effectiveness of public awareness programme.

When comparing the pre and post test level of attitude regarding the ill effects of tobacco, the pre-test mean score was 29.07 with S.D 5.52. The post test mean score was 39.81 with S.D 5.91. The mean difference was 10.74 and the calculated ‘t’ value was 40.645, which was statistically highly significant at $P<0.001$. This finding was suggestive of effectiveness of public awareness programme.

Hence the null hypotheses $\mathbf{NH_1}$ stated in the present study that **“there is no significant difference in pre and post test level of knowledge and attitude regarding the ill effects of tobacco use at p<0.05 level”** was **rejected**.

The fifth objective was to correlate the mean differed knowledge score with attitude score regarding the ill effects of tobacco among tobacco users.

While analyzing the level of knowledge and attitude of tobacco users, the mean knowledge score was 8.12 with S.D of 1.44 and the mean attitude score was

10.74 with S.D of 2.64. The calculated 'r' value was 0.126 at $p<0.05$, which showed that there was a moderate positive correlation indicating that as knowledge improves there was enhancement in favourable attitude also.

Hence the null hypotheses **NH_2** stated in the present study that **"there is no significant relationship between the mean differed knowledge score with attitude score regarding the ill effects of tobacco at $p<0.05$ level"** was **rejected**.

The sixth objective was to associate the mean differed knowledge and attitude score with their selected demographic variables.

The study result revealed that none of the demographic variables had shown a statistical significant association with the mean differed knowledge score and attitude score regarding the ill effects of tobacco.

Hence the null hypotheses **NH_3** stated in the present study that **"there is no significant association between the mean differed knowledge score and attitude scores and selected demographic variables at $p<0.05$ level"** was **accepted**.

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CHAPTER – 1

INTRODUCTION

BACKGROUND OF THE STUDY

Tobacco is a type of American leaves which contains nicotine. Tobacco may be consumed either by smoking (in the form of cigarettes, beedies, cigars, cheroots, chuttas, dhumti, pipe, hooklis, chillum and hookah) or other smokeless as chewed (as gutka, khaini, pan masala, mawa,snus etc.) and inhaled as snuff.

Tobacco is a complex mixture of chemicals such as nicotine, carbon monoxide, hydrogen cyanide, nitrogen oxides, formaldehyde, acroleine, benzene, phenol, poly aromatic hydrocarbons, N-nitrosamines, cadmium, ammonia, methanol, arsenic and acetic acid.

Many organic and inorganic chemicals such as hydrocarbons, aldehydes, ketones, phenol, cyanide, acrolein and nitrogen oxide contribute to smoke's toxicity to respiratory system. The hydrogen cyanide may affect the respiratory system by its toxic effect on the cilia. At the same time, it may cross the placenta and have toxic effect on the growing fetus. In addition it may cause nerve damage in cigarette smokers with optic neuropathy.

Inhalation of tobacco leads to absorption of nicotine into the blood stream. Approximately 15%of nicotine reaches the brain and it is absorbed within 7 seconds of inhalation. It stimulates catecholamines release, which in turn causes tachycardia, constricts peripheral vessels, raises the blood pressure and produces a feeling of euphoria.

Carbon monoxide in the smoke will combine with the hemoglobin thereby reducing the oxygen carrying capacity of the blood.

First hand smoking means direct inhalation of tobacco smoke. Second hand smoking means environmental tobacco smoke that is inhaled involuntarily or passively by someone who is not smoking. Third-hand smoke means, the particles and gases that is left over after a cigarette is burned. First hand smoke can cause all above mentioned health problems. Second hand smoking may lead to adverse health effects such as cancer, asthma and respiratory infections. There will be an increase in the risk of heart disease by 25-30% among non-smokers who are exposed to second hand smoke**.**

Tobacco consumption is one of the leading preventable causes of disease and death globally. Death due to tobacco use was around 6 million people each year globally, in which more than 600,000 people were exposed to second hand smoke. Smoking among men was highest in the WHO Western Pacific Region, in which 51% of men were aged 15 years and above and among women, smoking was highest in the WHO European Region (22%)

Around 6 million people die from tobacco use each year due to direct tobacco use and second hand smoke. By 2020, it may reach up to 7.5 million. Smoking is estimated to cause about 71% of lung cancer, 42% of chronic respiratory disease and 10% of cardiovascular disease. The highest incidence of smoking among men is in lower-middle-income countries but for total population, prevalence of smoking is highest among upper-middle-income countries.

India is the second largest consumer of tobacco products in the world. Frequently tobacco used in India is in the form of smokeless tobacco and beedi. A daily cigarette smoker in India smokes an average of 6.2 cigarettes per day and a daily beedi smoker smokes 11.6 beedi per day.

An article stated that cancers due to tobacco use is highest among men from Kolkata and least in Mumbai. Among women it is highest in those from Chennai. **s**It was estimated that all cancer in men due to tobacco use was nearly 44.4% in Kolkata, 41.4% in Chennai, 39.4% in Delhi and 39.2% in Mumbai. It was found that cancer among women was high in Chennai (15.2%).

The major ill effects of tobacco include cancer, especially lung cancer, kidney cancer, cancer of the larynx, head and neck, breast cancer, bladder cancer, cancer of the esophagus, cancer of the pancreas and stomach cancer. Other less common cancers are myeloid leukemia, squamous cell sinonasal cancer, liver cancer, colorectal cancer, cancer of gall bladder, adrenal gland and small intestine.

The pulmonary complications of tobacco use include chronic obstructive pulmonary disease and emphysema. Cardiovascular complications include athersclerosis leading to coronary artery disease and peripheral vascular disease(eg: Thromboanginitis Oblitarence (TAO)). Other problems due to tobacco use include chronic kidney failure, diabetic nephropathy, influenza, periodontitis, gingival recession, halitosis, leukoplakia, infections such as tuberculosis, common cold and bronchitis. It also leads to impotence, female infertility, psychological problems as stress, and cognitive problems as Alzheimer's disease.

The Integrated Surveillance of Disease Report, Tamilnadu,2008 stated that daily smoking and smokeless tobacco use was more prevalent among the age group of 35-44 years(28.7% and 26.8%), illiterate people(31.8% and 59.2%) and also among agricultural workers(49.8% and 58.7%).

The above tobacco statistics shows that the people especially in the rural area need awareness regarding the ill-effects of tobacco.

NEED FOR THE STUDY

In the rural community the most common practice of tobacco abuse is smoking where in a substance commonly used tobacco is burned and the smoke is tasted or inhaled. It is primarily used as a form of recreational drug and also as a part of rituals. The most common method of smoking nowadays is through cigarettes, both industrially manufactured and hand rolled. Other less common forms are pipes, cigars, hookahs and bongs.

However mass media has been playing a wider role in communicating the ill effects of tobacco on a larger scale. Even then there seems to be not much change in the people who are smoking, this may be due to the lack of awareness in depth towards the use of tobacco. Therefore one to one community awareness programme may create an awareness related to the ill effects of tobacco among community people.

Sur D, et al., [2007], conducted a descriptive study to assess the impact of smoking on health among 3000 families in a slum area, who were randomly selected in Kolkata. Results showed a significant difference in disease pattern between smoker's family and

non smoker's family ($p<0.05$). Cost analysis between smoker's and non smoker's family shows that there was a 3 fold difference in average annual expenditure and 8 fold difference in work days lost.

Kaushal M, et al., [2010]**,** conducted a case-control study to analyze the role of tobacco exposure in breast cancer risk. They collected data from 117 breast cancer cases and 174 cancer free controls. Study result identified that betel quid chewing was the major risk factor for breast cancer among women with betel quid chewing. They had a 5 times the risk of developing breast cancer (4.78). The study results concluded that, betel quid chewing is a significant risk factor for breast cancer development.

Murukutla N, et al., [2011], conducted a household survey to evaluate the effectiveness of a national television and radio mass media campaign against use of smokeless tobacco among smokeless tobacco users(n=2898) in Newyork. Study results showed that around 63% of people were using only smokeless tobacco and 72% were dual users. Most of the people (>70%) were aware of the campaign and made them to stop the use. Study concluded that, campaign awareness was effective in improving the knowledge and building a negative attitude towards smokeless tobacco.

Kumar MS, et al., [2011]**,** conducted an experimental study to determine the efficacy of community based group intervention for tobacco cessation in Tamilnadu. Samples (n=400) were selected randomly from the age group of 20-40 years and randomly divided into study and control group. Two sessions of health education 5 weeks apart along with self-help material to study group, but the control group received only the

self help material. Study findings revealed that abstinence in the study group (12.5%) was significantly higher than the control group (6%) at 2 months. Study concluded that community based group intervention had the potential to increase the effectiveness of tobacco cessation services for men in rural areas of Tamilnadu.

The investigator had personal experience of working in oncology wards during his working period .Most of the cancer among men and women were caused by tobacco use. Based on the practical experience, the investigator had gone through many reviews related to ill effects of tobacco use. It was found that the most common problem due to tobacco use is chronic obstructive pulmonary disease. Previously it was believed that lung cancer is the only cancer occurs due to tobacco use. But now it was proved that tobacco use will cause all most all the cancers like lung, oral cavity, larynx, bladder etc. Other than cancer it will adversely affect all the systems in the body.

People are unaware of the ill effects of tobacco use and some are having adequate knowledge but they do not have a good attitude towards quitting tobacco use. So the investigator found it is worthful to educate people regarding ill effects of tobacco before they develop the adverse effects at their doorstep.

There is more scope for individualized public awareness programme as its ill effects develops after a long period of use. The Investigator has felt the need to educate the people regarding the ill effects of tobacco and was motivated to conduct the study on effectiveness of public awareness programme on ill effects of tobacco among tobacco users at selected village, Vellore district as a preventive measure.

STATEMENT OF THE PROBLEM

A study to assess the effectiveness of public awareness programme on knowledge and attitude regarding the ill effects of tobacco among tobacco users at selected village, Vellore District.

OBJECTIVES

1. To assess the prevalence of tobacco users in the selected village.
2. To identify the factors influencing tobacco use among tobacco users.
3. To assess the pre and post test level of knowledge and attitude regarding the ill effects of tobacco among tobacco users.
4. To assess the effectiveness of public awareness programme on knowledge and attitude regarding the ill effects of tobacco among tobacco users.
5. To correlate the mean differed knowledge score with attitude score regarding the ill effects of tobacco among tobacco users.
6. To associate the mean differed knowledge and attitude score with their selected demographic variables

HYPOTHESES

NH_1: There is no significant difference in pre and post test level of knowledge and attitude regarding the ill effects of tobacco at $p<0.05$ level.

NH_2: There is no significant relationship of the mean differed knowledge score with attitude score regarding the ill effects of tobacco at $p<0.05$ level.

NH_3: There is no significant association between the mean differed knowledge and attitude scores and selected demographic variables at $p<0.05$ level

OPERATIONAL DEFINITIONS

EFFECTIVENESS

It refers to the outcome of public awareness programme on knowledge and attitude regarding the ill effects of tobacco which is assessed using structured questionnaire and 5 point Likert scale respectively.

PUBLIC AWARENESS PROGRAMME

It refers to a specific teaching programme structured by the investigator using multimedia and pamphlets to change the knowledge and attitude regarding the ill effects of tobacco among tobacco users.

- **Knowledge**- A power point presentation on general information regarding tobacco, ill effects of tobacco (physiological, psychological, social and cognitive problems) and its prevention and treatment methods.
- **Attitude** - A video show on ill effects of tobacco and ways to quit tobacco use.

KNOWLEDGE

It refers to the level of information possessed by the tobacco users regarding the ill effects of tobacco which was elicited by structured interview schedule**.**

ATTITUDE

It refers to the ideas and beliefs regarding the ill effects of tobacco and willingness to quit tobacco usage as measured by 5 point Likert scale

EFFECTS OF TOBACCO

It refers to physiological, psychological, social and cognitive problems which arise from the use of tobacco products in the form of cigarette, beedies , gutka, khaini or inhaled form

TOBACCO USERS

It refers to people those who are using tobacco in the form of smoking, chewing or snuff as a habit.

ASSUMPTIONS

1. Tobacco users may have some knowledge and attitude regarding the ill effects of tobacco.
2. Public awareness programme may enhance their knowledge regarding the ill effects of tobacco and attitude to quit tobacco use.

LIMITATION

- ❖ The study is limited to only those who are using tobacco in any forms.
- ❖ The period of study upto 4 weeks only.

A conceptual framework or model is made up of concepts that are mental image of a phenomenon. These concepts are linked together to express their relationship between them. The study designed is to assess the effectiveness of public awareness programme on ill effects of tobacco among tobacco users.

The conceptual framework is based on the modification made on Von Bertalannfy's General System Theory

According to General System Theory, a system is a set of components or units interacting with each other within a boundary that facilitate the kind and the rate of flow of input and output to and from the system.

All the system is open in which there is a continuous exchange of matter, energy and information. Open system have varying interaction with environment from which the system rears input and give output and inflow of matter, energy and information.

Input is information needed by the system, also referred as imparting phase. In this study, the input is the pre test assessment of knowledge and attitude of tobacco users regarding the ill effects of tobacco and the factors influencing tobacco use. It includes the demographic variables like age, gender, religion, marital status, education, occupation, monthly income, family type, family history of tobacco use, onset of tobacco use, duration of tobacco use, expenditure spent for tobacco per day and quantity of tobacco use per day. The level of knowledge was assessed by structured questionnaire, attitude was assessed by 5 point Likert scale and factors influencing tobacco use was assessed by structured checklist.

Throughput is activity phase. It consists of community awareness programme on ill effects of tobacco and its prevention and management. Public awareness programme consists of a power point presentation on general information regarding tobacco, ill effects of tobacco (physiological, psychological, social and cognitive problems) and its

prevention and treatment methods to improve the knowledge of the tobacco users, a video show on ill effects of tobacco use and ways to quit tobacco use to change the attitude and a pamphlet on overview of tobacco and its ill effects and ways to quit to reinforce their knowledge and attitude. The whole public awareness programme was given within a time duration of 15-20 minutes.

The information is continuously processed through the system and is realized as output in an altered state. In this study the output is the post-test assessment of the knowledge and attitude regarding the ill effects of tobacco among tobacco users using same structured questionnaire and 5 point Likert scale. If the result is adequate knowledge and favourable attitude the tobacco users need to be enhanced and if they have inadequate knowledge and unfavorable attitude need to be reinforced to promote the knowledge and attitude on ill effects of tobacco.

CHAPTER – 2
REVIEW OF LITERATURE

Literature review is an essential component for the researcher which helps the investigator to familiarize with pratical and theoretical issues relating to the problem area and helps the investigators to generate ideas and focus the research problem and its major affects. Review of literature is the process of reading, analyzing, evaluating and summarizing scholarly materials about a specific topic. Literature review assists the researchers to have an insight in the selection and development of the theoretical and methodological approaches of the problem.

The review of literature is arranged in the following section.

SECTION – A : STUDIES RELATED TO INCIDENCE OF TOBACCO USE

Doku D, et al., [2012] conducted a descriptive study to assess the exposure to tobacco promoting or restraining factors and their association with smoking among 13-18year old adolescents (n=1165). Prevalence rate of tobacco use, smoking and tawa use were 9.1%, 6.6% and 5.7% respectively. Study result revealed that attendance at a school where smoking were allowed, un awareness regarding the ill effects of tobacco use, exposure to tobacco advertisement and parental smoking were the promoting factors and knowledge about the ill effects of tobacco use and difficulty to quit were found to be the restraining factors.

Chatterjee T, et al., [2011] conducted a cross-sectional study, to assess the pattern of tobacco use among the medical (n=515) and non medical (n=349) college students who

had selected randomly in Burdan. Overall prevalence of tobacco use was 18.3% and 43.6% respectively. Prevalence of smoking was 14.9% and 40.7% respectively.

Quazi S. Zahiruddin, et al., [2011], conducted a cross-sectional study to find the incidence of tobacco use among adolescents (n=240) residing in six tribal villages in India. Incidence of tobacco use (all forms), smoking and smokeless were 54.45%, 23.145 and 53.41% respectively. Incidence rate was high among boys than girls (66.25% and 26%). Most common form of smoking tobacco was beedi and smokeless tobacco was pan masala and gutka. About 69% adolescents from the tribal area exposed to tobacco prevention messages.

Saddicha S, et al., [2010], conducted a descriptive study to assess the prevalence of tobacco use among young adult males (n=500) in Ranchi. Using systematic random sampling technique samples were selected and the data was collected by using structured questionnaire and monitoring urinary nicotine level. Results revealed a high prevalence of tobacco use among adult males (55.6%). Most commonly used form of tobacco was cigarette (78%) followed by khaini(20%) and gutkha(2%). Majority (77%) of tobacco users wanted to quit tobacco use.

Muttapppallymyalil, et al., [2010] conducted a cross-sectional study to assess the prevalence of smokeless tobacco use among school children (n=1200) in Kerala. Study results identified that the minimum age of starting tobacco use was 12 years and maximum age was 14 years. 84.6% smokeless tobacco users were using it for 2-3 times a week.

Rao SR, et al., [2010], conducted a cross-sectional survey in Kancheepuram, Thiruvallur district, Tamil Nadu. The survey revealed that tobacco consumption was prevalent among 2993(60.7%) males and 841(15.1%) females. 46.9% of males were using smoking tobacco and 11.7% were using smokeless tobacco. Smokeless tobacco use was common among females (15.1%).

Glenn BA, et al., [2009], conducted a cross-sectional survey to assess the rate of smoking and smokeless tobacco use among South East Asians residing in USA. 344 South East Asians were selected using non random sampling method. Around one third (28%) were current users of smokeless tobacco products. Bangladeshis were using smokeless tobacco. Pakistanis (16%) were more using smoking tobacco (16%).

Mathur C, et al., [2008]**,** conducted a cross-sectional study to assess the effect of socio-economic status on distribution of tobacco use. Samples were selected randomly from 32 schools in New Delhi and Chennai (n=11,642). They used mixed effect regression to compare the government school students and private school students. Prevalence rate of ever use of any tobacco products among government school children (18.9%) was higher than private students (12.2%). In these two large cities of India, students attending government school were using many forms of tobacco at a higher rate than private school students. The psychological risk profile suggests that government school children were more vulnerable to initiation and use of tobacco.

Gunaseelan R, et al**.****, [2007]*****,*** conducted a qualitative study to understand the perception of people about areca nut use in Sriperambudur. Eleven villages were selected

randomly and 15 in depth interviews and 5 focus group discussion were conducted. Study result revealed that the most common form of areca nut use was hans. The main reasons for areca nut use were found to be peer pressure, habituated due to boredom; family problem etc. study result concluded that most of the rural people were not getting enough education regarding areca nut products and its ill effects.

SECTION – B : STUDIES RELATED TO ILL-EFFECTS OF TOBACCO USE

Bracci PM, et al., [2012], conducted a case-control study to identify the association between adenocarcinoma in situ (AIS) of lung and smoking among 338 AIS patients and frequency -matched controls from the parent study (cases = 6039, controls = 2073) in California. Risk of AIS was associated with ever smoking (2.7, 95%CI), increased to 20%-30% for each 10 year and decreased with increased year since quitting ($p>0.0001$).

Braisch, et al., [2012], conducted a prospective study to estimate the risk of developing tobacco related subsequent primary cancer (TRSPC) in person with a tobacco related first primary cancer (TRFPC) in Bavaria, Germany. They analyzed TRFPC and TRSPC diagnosed in Bavaria between 2002-2008. They diagnosed 121631 TRFPC in men and 75,886 in women. Among this 2.5% of male and 1.2% of female were developed at least one TRSPC. There was a higher incidence of cancer in mouth, pharynx, larynx, esophagus and lung among smoker compared to general population.

Stankovic A, et al., [2012], conducted a descriptive study to estimate the influence of passive smoking on absence from work due to respiratory problem among

women in Serbia. 497 samples were selected from the age group of 40-56 years, who live in an area with identical outdoor air pollution. Results identified congested nose (OR=3.45, 95%CI=1.38-9.01), nasal secretion (OR=3.40, 95%CI=1.38-9.02) and sinusitis (OR=2.88, 95%CI=1.22-6.89) was significantly higher in women who were exposed to environmental tobacco smoke. Passive smoking was found to be a risk factor for respiratory symptom and illness in women that leads to absence from works.

Sujatha D, et al., [2012]**,** conducted a descriptive study to assess the incidence of oral premalignant and malignant lesions among tobacco users (n=1028) in Bangalore. Data was collected by using structured questionnaire and clinical examination. High prevalence of oral lesions was found among males (87.9%). Commonest form of tobacco use was smoking (39.2%) and smokeless tobacco (28.1%) and the most common mucosal change was leukoplakia (14%).

Underwood JM, et al., [2012], conducted a descriptive study to assess the relative risk of developing tobacco related malignancy among cervical cancer survivors. Study result identified that the increased risk of subsequent tobacco related malignancies among cervical cancer survivors was greatest in the first five years after the initial diagnosis. Women with cervical cancer had two fold increased risk of subsequent tobacco related malignancies compared with breast and colorectal cancer survivors (SIR=1.1 for both).

Eichner JE, et al., [2010]**,** conducted a prospective observational study to assess the incidence and risk of cardiovascular disease between smokers and nonsmokers in 13 American Indian tribes (n=4549) in USA. Hazardous ratio for non fatal cardiovascular

disease for current smoker vs non smoker was significant in women (HR=1.94) and men (HR=1.54). Hazardous ratio for fatal cardiovascular disease among current smokers vs non smokers was significant in women (HR=1.64) but not in men.

Kaushal M, et al., [2010] conducted a case-control study to analyze the role of tobacco exposure in developing breast caner. Data was collected from 117 breast cancer cases and 174 cancer free controls. Multi factor dimensionality reduction analysis was done and it was identified that, betel quid chewing as the single main risk factor and women(4.78) with history of betel quid chewing had 5 times risk of developing breast cancer.

Siatkowska H, et al., [2010] **,**conducted a prevalence study on patients (n=1026) in a health care centre, Poland to determine the prevalence of smoking and the relation between chronic tobacco smoking, clinical symptoms, lung function test and concurrent diseases. Findings of the study revealed that there was correlation between smoking habit and dyspnoea, wheezing were confirmed and lung function decreases with increasing number of pack per year.

Sridharan S, et al., [2010], conducted a prospective study to assess the effect of tobacco smoke from smoker parents on gingival pigmentation and urinary cotinine level in children and young adults in Bangalore. Participants (n=153) were randomly selected and divided into 3 groups based on age and smoking history of parents. Study result revealed that the prevalence of gingival pigmentation was statistically significant (p<

0.05) and urinary cotinine level was highest among the age group of 19-24 years. Study concluded that environmental tobacco smoke is as harmful as first hand smoke.

Winkelstein ML, [2010], conducted a descriptive study to determine the effect of passive smoke exposure and the modification they have made in smoking behavior towards smoke exposure in children with asthma in Baltimore, USA. Parents were given questionnaire to evaluate their smoking behavior and modification they made and also urine specimens were collected from children to measure cotinine / creatinine ratio. Children from home with smoker parents had higher mean cotinine /creatinine ratio than from smoke free home (30ng/mg Vs 4ng/mg, p=0.005). This level increased with the number of smokers in the home.

Pavlovska I, et al., [2009], conducted a case- control study to determine the existence of a casual relationship between cigarette smoking and lung cancer in Macedonia. Study consisted of both investigated group (n=91) and control group (n=91). Study result revealed that cigarette smoking is wide spread among men (68%) with cancer than the control group (40.3%). Smokers (4.55%) were at high risk of developing lung cancer than the non smokers. Study concluded that cessation of smoking appears to be important priority in prevention of lung cancer.

Pilkington PA, et al., [2009], conducted a descriptive study to determine the association between prevalence of respiratory and sensory irritation symptoms and exposure to second hand smoke at work place at London. Data was collected from 1560 casino workers in London. Most of the workers (91%) reported the presence of one or more sensory irritation symptoms and 84% reported respiratory symptoms. Study

identified a strong association between second hand smoke and sensory and respiratory symptoms.

Sur D, et al., [2007], conducted a descriptive study to assess the impact of smoking on health with economic implication among 3000 families, who were selected randomly in Kolkata. Study result revealed that there was a significant difference in the disease pattern between smoker's and non smoker's family in case of chronic obstructive pulmonary disease, coronary artery disease, acute respiratory infection, common cold, hypertension and peptic ulcer($p<0.05$). Annual expenditure was 3 fold greater in smoker's family and there were 8 fold differences in work days lost.

SECTION -C : STUDIES RELATED TO EFFECTIVENESS OF AWARENESS PROGRAMME ON ILL EFFECTS OF TOBACCO USE.

Kumar MS, et al., [2011] conducted an experimental study to determine the efficacy of community based group intervention for tobacco cessation in Tamilnadu. Samples (n=400) were selected randomly from the age group of 20-40 years and randomly divided into study and control group. Two sessions of health education 5 weeks apart along with self-help material to study group, but the control group received only the self help material. Study findings revealed that abstinence in the study group (12.5%) was significantly higher than the control group (6%) at 2 months. Study concluded that community based group intervention had the potential to increase the effectiveness of tobacco cessation services for men in rural areas of Tamilnadu.

***Surani, et al., [2011]*,** conducted an experimental study to assess the effectiveness of AntE Tobacco project on baseline knowledge among school children in USA. A structured questionnaire was administered which was followed by an educational cartoon video depicting the ill-effect of tobacco. Immediately, and 6 weeks later they have administered the same questionnaire. Majority of children (82%) answered correctly immediately after the programme and 83% of children answered correctly at the follow up. Study concluded that a multimedia educational program can be used to educate and reinforce anti tobacco messages.

***Murukutla N, et al., [2011]*,** conducted a household survey to evaluate the effectiveness of a national television and radio mass media campaign against use of smokeless tobacco among the smokeless tobacco users(n=2898) in Newyork. Study results identified that majority of the people (63%) were using only smokeless tobacco and 72% were dual users. Most of the people (>70%) were aware of the campaign and made them to quit tobacco. Study concluded that campaign awareness was effective in improving knowledge and building a negative attitude towards smokeless tobacco.

Sorensen G, et al., [2011], conducted a quasi-experimental study to assess the effectiveness of school based life skill tobacco control program for youth of low socio-economic status in Mumbai. Samples (n=1851) were selected from 8^{th} and 9^{th} grade school children by using non-probability method and divided into study and control group. The program consisted of activities focused on building awareness about the hazardous of tobacco, developing life skills and advocacy development. Study finding concluded that 4.1% of 8^{th} grade and 3.6% of 9^{th} grade study group students reported

using tobacco at least once in last 30 days, compared to 8.7% of students of control group. Study group were also significantly more knowledgeable about tobacco and related legislation.

Mishra GA, et al., [2009], conducted a pre experimental study to assess the knowledge, attitude and practice regarding tobacco consumption among the employees (N=104) in a chemical industry in Ratnagiri district. Intervention was given in the form of lectures, focus group discussion and one to one counseling. Study findings concluded that 48.08% of employees were using tobacco and had a poor knowledge regarding ill effects of tobacco use. It was found that peer pressure, pleasure and unawareness were the major causes for initiation of tobacco use.

Burchfield J, et al., [2007], conducted an experimental study to assess the effectiveness of anti smoking project in rural community school in USA. Purpose of the study was to discourage tobacco use among youth by focusing on tobacco short term ill effects. Results of the study revealed that 80% of students answered correctly. Study concluded that, anti smoking programme can influence to stop using tobacco.

Kaur J, et al., [2008], conducted an experimental study to assess the effectiveness of anti tobacco audio visual messages on knowledge and attitude towards tobacco use among 1999 cinema attendees(784 tobacco users and 1215 non tobacco users) in Delhi. Study result revealed that tobacco users were not able to recollect the anti tobacco messages as like non users (72.1% and 79.1%). Anti tobacco advertisement helped to change the attitude of tobacco users (37%). Study concluded that the anti tobacco

messages had been effective in enriching knowledge as well as changing attitude of the people about tobacco use.

CHAPTER – 3
RESEARCH METHODOLOGY

This study was designed to determine the effectiveness of public awareness programme on knowledge and attitude regarding the ill effects of tobacco among tobacco users at selected village , Vellore district.

RESEARCH APPROACH

Research approach is the most significant point of any research. The appropriate choice of the research approach depends on the purpose of the study undertaken the goal is to assess or evaluate the success of the programme. An experimental research is generally applied where the primary objective is to determine the extent to which a gives procedure meets the demand results. In this study the researcher wants to assess the effectiveness of public awareness programme on knowledge and attitude regarding the ill effects of tobacco among tobacco users an evaluative approach was used for this study.

RESEARCH DESIGN

A pre experimental one group pretest and post test was used for this study.

	Management of Dependent variable	Manipulation of Independent variable	Measurement of dependent variable
Experimental group	O1	X	O2

O - Observation or Measurement

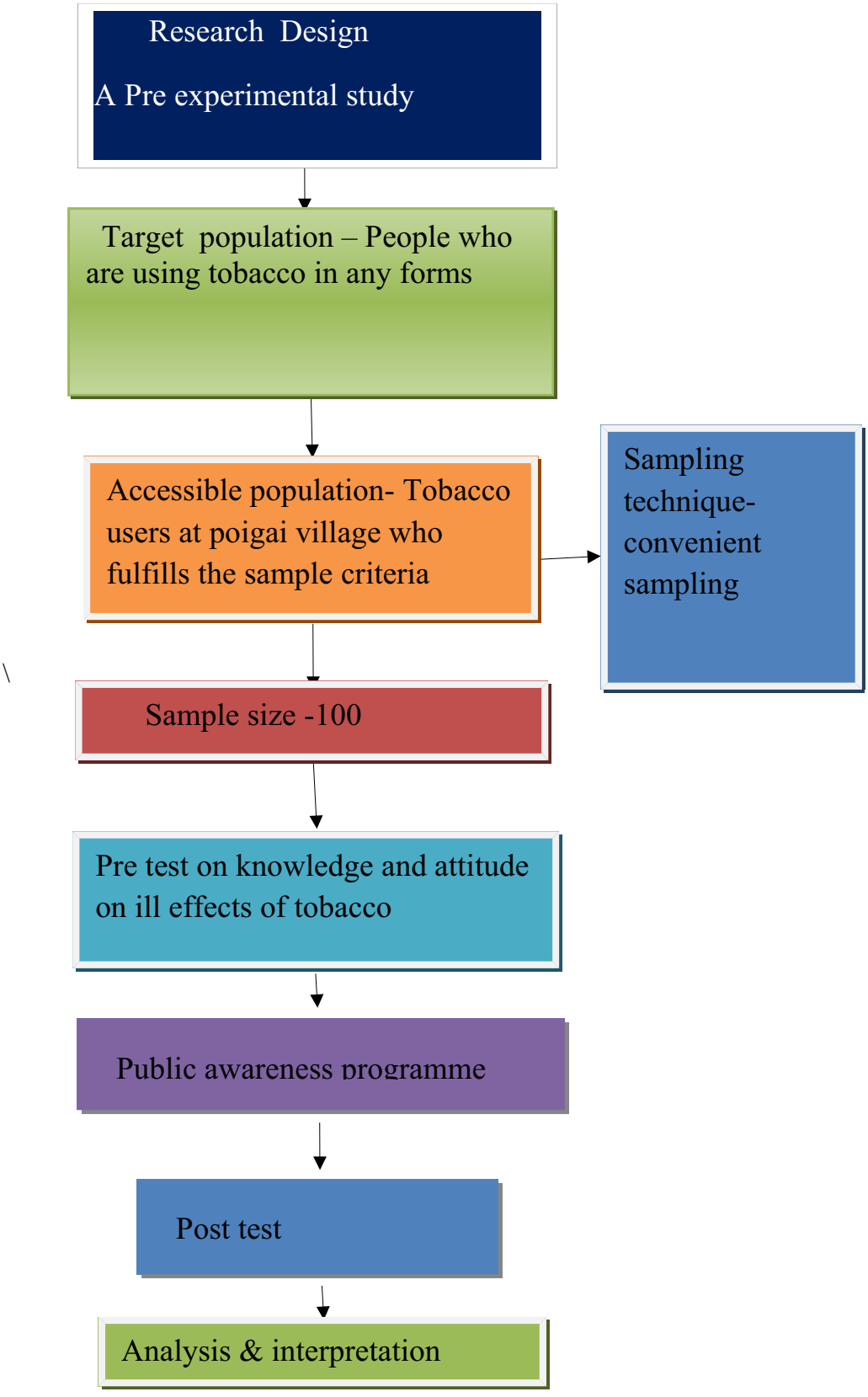
O1 – Pre test

X - Intervention

O2 – Post test

SCHEMATIC REPRESENTATION OF

RESEARCH METHODOLOGY



SETTING

The study was conducted at Poigai village which is having a total population of 1700. The population under study belongs to the Poigai is situated at the distance of 12 kms away from Arun college of nursing, vellore.

POPULATION

The target population of this study were all the people those who are using tobacco in any forms.

ACCESSIBLE POPULATION

The accessible population is the list of population that the investigator finds in the study area. The accessible population in the study were all the tobacco users at Poigai Village, who fulfills the sample criteria.

SAMPLE

The sample consists of 100 tobacco users at poigai village, who fulfills the sample selection criteria.

SAMPLING TECHNIQUE

The investigator first conducted a survey to assess the prevalence of tobacco users in Poigai village. Then the investigator selected 100 samples from the total tobacco users (232) who fulfill the sample selection criteria using non probablity convenient sampling technique.

SAMPLE SIZE

100 tobacco users were selected conveniently for the study based on the inclusion and exclusion criteria.

SAMPLING CRITERIA

Inclusion criteria

1) Person those who are using tobacco of any forms.
2) Person those who are understand tamil or English.

Exclusion criteria

1) Person those who are not willing to participate
2) Person those who are not available during data collection period.
3) Person those who are having sensory impairment.
4) Person those who underwent any special tobacco cessation programme.

SELECTION AND DEVELOPMENT OF TOOL

Based on the review of literature and experts opinion and with the investigator's personal and professional experience, a structured questionnaire was developed to assess the knowledge a 5 point likert scale to assess the attitude and a checklist to assess the factors influencing the tobacco use.

DESCRIPTION OF THE TOOL

The tool constructed for the study comprises of two parts

Part I : Data collection tool

Part II: Intervention protocol

PART I : This part consisted of 5 sections

SECTION A : Tobacco users survey form

The investigator utilized the survey form which consisted of general information regarding the village, family details and demographic variables like age, gender, education, occupation, age of onset of tobacco use, type of tobacco using, number of tobacco use per day, an ill effects and attempts to quit tobacco to identify the total number of population using tobacco of any forms.

SECTION B: Personal data sheet

Personal data sheet to collect the demographic characteristics consisting of 12 variables. This included the age in years, gender, education, religion, marital status, type of occupation, monthly income, family type, family history of tobacco use, onset of tobacco use, expenditure spent for tobacco per day and quantity of tobacco use per day.

SECTION C: Structured knowledge questionnaire

In the structured questionnaire, 25 questions were formulated under separate sub headings to assess the level of knowledge regarding the ill effects of tobacco among tobacco users.

Items	**No. of Questions**
General information on tobacco use	7
Ill effects of tobacco	15
Prevention and treatment of tobacco use	3

Scoring Key:

Each item was a closed ended multiple choice questions with a single correct answer. Scoring for each correct answer was "1" and for the wrong answer and unattended question were "0". Total score was "25". Maximum score was 25 and minimum score was 0. The raw score was converted to percentage to interpret the level of knowledge.

Score	**Level of Knowledge**
≤ 50%	Inadequate knowledge
51-75%	Moderately adequate knowledge
>75%	Adequate knowledge

SECTION D: Structured check list

A structured check list to identify the factors influencing the tobacco use. The factors included were personal factors, parental/ familial factors, socio economic and cultural factors. Personal factors consisted of 6 items, parental factors consisted of 3 items and socio economic and cultural factors consisted of 6 items. Each item had a yes or no option. Frequency and percentage distribution of the responses were calculated to interpret the factors influencing tobacco use.

SECTION E: 5 point Likert scale

A 5 point Likert scale to assess the level of attitude regarding the ill effects of tobacco and willingness to quit tobacco.

Scoring Key:

Positive items: 5, 4,3,2,1

Negative items: 1, 2,3,4,5

Maximum score was 50 and minimum score was 10. The raw score was converted to percentage to interpret the level of attitude.

Score	**Level of Practice**
≤ 50%	Unfavorable attitude
51-75%	Moderately favourable attitude
> 75%	Favourable attitude

PART B: **INTERVENTION PROTOCOL**

Intervention protocol consisted of a public awareness programme, which was a specific teaching programme structured by the investigator using multimedia to change the knowledge and attitude regarding the ill effects of tobacco among tobacco users and was administered once after pre test for a time duration of 15-20 minutes.

- **Knowledge-** A power point presentation on general information regarding tobacco, ill effects of tobacco (physiological, psychological, social and cognitive problems) and its prevention and treatment methods.
- **Attitude -** A video show on ill effects of tobacco and ways to quit tobacco use.

VALIDITY

The data collection tool and the intervention tool was developed based on the review of literature and experts guidance. The study was evaluated by experts for content

validity. Content validity of the tools was obtained from the experts from outside and also from experts of the concerned department in the college.

RELIABLITY

The reliability of the instrument was established by test pretest method. There was a high positive correlation (r = 0.8) between test pretest method.

PILOT STUDY

The pilot study was conducted during the month of june for a period of one week. The investigator selected 10 tobacco users using non probability convenient sampling method, who fulfilled the sample selection criteria. The investigator gave a brief self introduction and explained about the purpose of the study. Informed consent was obtained from each sample. The samples were gathered in a well ventilated common place in the village and a structured questionnaire was administered which consisted of 25 multiple choice questions to assess the existing level of knowledge regarding the ill effects of tobacco, followed that a 5 point Likert scale to assess the level of attitude and a check list to assess the factors influencing tobacco use was done. Each participant took around 15-20 minutes to answer all the questions and followed by the pre test assessment, public awareness programme regarding the ill effects of tobacco with the help of power point presentation, video show and a pamphlet was given. After 7 days post test level of knowledge and attitude was assessed using the same structured questionnaire and 5 point Likert scale.

The result of the pilot study when analyzed, gave the evidence that the tool and the intervention protocol were reliable, feasible and practicable to conduct the main study.

DATA COLLECTION PROCEDURE

The official permission was obtained from the chairperson of the ethical committee chairman nursing education to conduct the study. The period of data collection extended from the month of june 01-06-2015 to 30-06-2015 (4 weeks).

During data collection period, the first one week, tobacco users survey was conducted with the help of Research Assistants (B.Sc. Nursing students) to find out the total number of people using tobacco at Poigai village. Total number of tobacco users during the time of data collection was 223; among them the researcher selected 100 samples who satisfied the sample selection criteria using non probability convenient sampling method. A brief self introduction and detailed explanation regarding the purpose of the study was given to the subjects. The researcher obtained informed consent from the subjects and they were reassured regarding confidentiality.

During the second week, the samples were gathered in small groups of 10-15 in a common place in the village where there was adequate ventilation and lighting and a structured questionnaire was administered which consisted of 25 multiple choice questions to assess the existing level of knowledge regarding the ill effects of tobacco, followed that a 5 point Likert scale to assess the level of attitude and a check list to assess the factors influencing tobacco use was done. Each participant took around15-20 minutes to answer all the questions. Followed by the pre test, public awareness programme was given regarding general information about tobacco, ill effects of tobacco, prevention and treatment of tobacco use by using power point presentation, video show and pamphlets. After one week the post test level of knowledge and attitude of the subjects were assessed using the same structured questionnaire and 5 point Likert scale, with that the study was concluded.

PLAN FOR DATA ANALYSIS

Descriptive statistics

1. Frequency and percentage distribution to analyze the demographic variables and factors influencing tobacco use
2. Mean and standard deviation to assess the level of knowledge and attitude regarding the ill effects of tobacco.

Inferential Statistics

1. ‘t ‘test to compare the pre and post test level of knowledge and attitude regarding the ill effects of tobacco.
2. Correlation coefficient to find out the relation between knowledge and attitude regarding the ill effects of tobacco.
3. ANOVA to associate the mean differed knowledge score and attitude score with their selected demographic variables.

CHAPTER – 4

DATA ANALYSIS AND INTERPRETATION

This chapter deals with analysis and interpretation of the data collected from 100 adults having the habit of tobacco use. The data was organized, tabulated and analyzed according to the objectives. The findings based on the descriptive and inferential statistical analysis, presented under the following sections

SECTION: A

- ❖ Description of the demographic variables of the tobacco users.
- ❖ Assessment of prevalence of tobacco users at selected village.
- ❖ Assessment of factors influencing tobacco use.
- ❖ Assessment of pre and post test level of knowledge and attitude score regarding the ill effects of tobacco among tobacco users

SECTION: B

- ❖ Comparison of pre and post test level of knowledge and attitude score regarding the ill effects of tobacco among tobacco users.
- ❖ Correlation of mean differed knowledge score with attitude score regarding the ill effects of tobacco among tobacco users.

SECTION: C

- ❖ Association between mean differed knowledge score and attitude score regarding the ill effects of tobacco among tobacco users and their selected demographic variables.

SECTION A

Table – 1(a) : Frequency and percentage distribution of demographic variables such as age, gender, education, religion and marital status of tobacco users.

N=100

Demographic variables	No.	%
Age in years		
17-27	8	8
28-38	21	21
39-49	27	27
50 and above	44	44
Gender		
Male	88	88
Female	12	12
Education		
No formal education	34	34
Primary education	59	59
Higher secondary education	7	7
Diploma	0	0
Graduate and above	0	0
Religion		
Hindu	97	97
Christian	3	3
Muslim	0	0
Others	0	0
Marital status		
Married	77	77
Unmarried	11	11
Widow	12	12
Separated	0	0

Table -1(a) Shows that frequency and percentage distribution of demographic variables like age, gender, education, religion and marital status of tobacco users.

With regard to age, 44(44%) were in the age group of 50 and above, 88(88%) were males, 59(59%) had primary education, 97(97%) of them were Hindus and 77(77%) were married.

Table 1- (b): Frequency and percentage distribution of demographic variables such as occupation, monthly income, family type, family history of tobacco use and expenditure spent for tobacco per day.

N = 100

Demographic variables	No.	%
Occupation		
Skilled	37	37
Semi skilled	36	36
Professional	3	3

Homemaker	24	24
Type of family		
Nuclear family	63	63
Joint family	37	37
Adults living alone	0	0
Cohabiting family	0	0
Monthly income in Rs.		
≤2000	9	9
2001-4000	14	14
4001-6000	29	29
> 6000	48	48
Family history of tobacco use		
Yes	78	78
No	22	22
Expenditure spent for tobacco per day (in Rs.)		
<10	7	7
11-20	36	36
21-30	23	23
>30	34	34

Table-1(b) depicts frequency and percentage distribution of demographic variables such as occupation, monthly income, type of family, family history of tobacco use, expenditure spent for tobacco per day and quantity of tobacco per day.

With regard to occupation 37(37%) were skilled workers, 63(63%) were from nuclear family, 48(48%) were earns a monthly income of more than Rs.6000, 78(78%) had a family history of tobacco use and 36(36%) of them spent Rs.11-20 for tobacco per day and 42(42%)

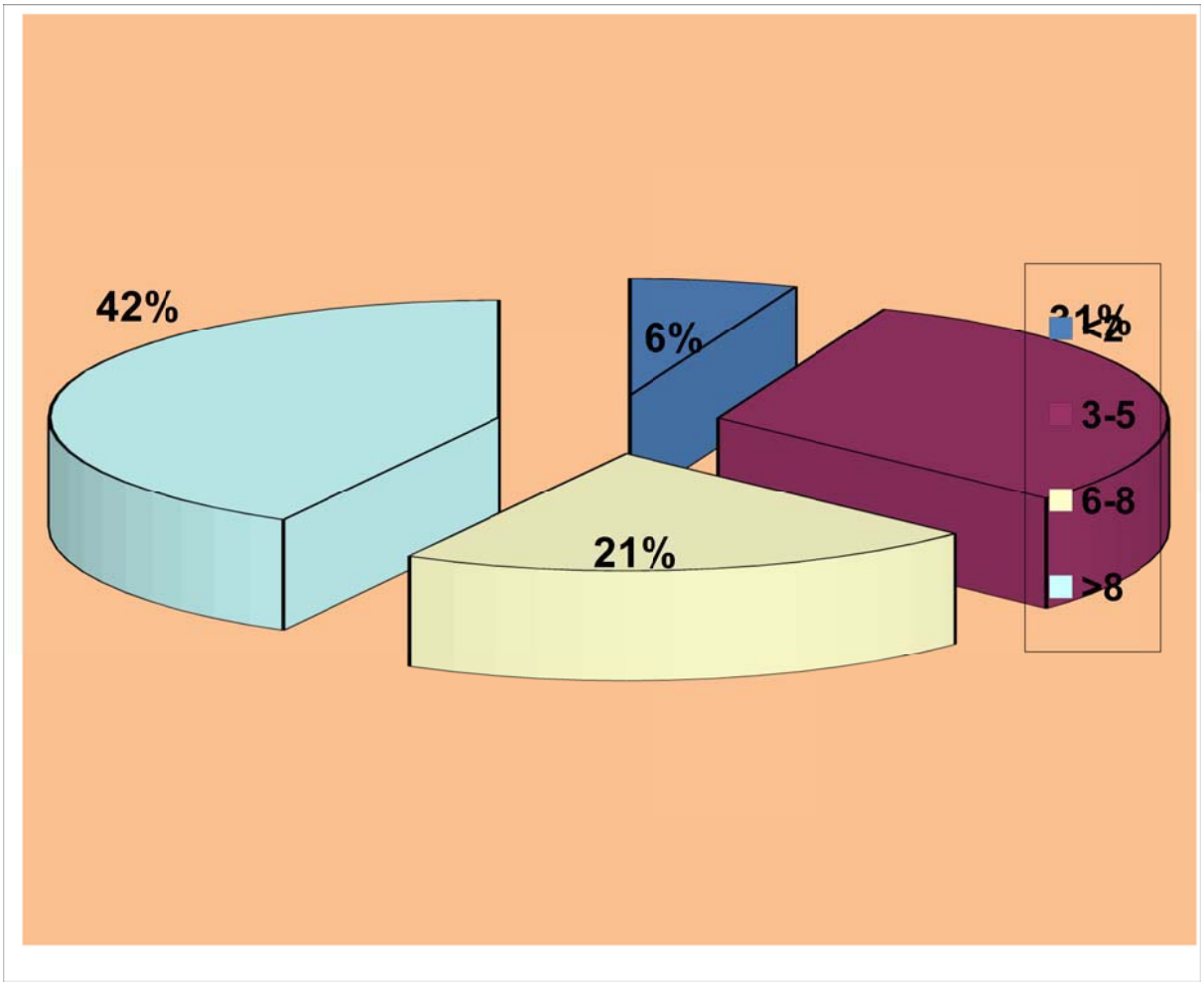

42%
6%
21%
21%
<2
3-5
6-8
>8

Figure 2. Percentage Distribution of Demographic Variables Such As Quantity Of Tobacco Per Day

Figure 1depicts the percentage distribution of quantity of tobacco use per day. With regard to quantity of tobacco use per day majority 42(42%) were using tobacco more than 8 times a day.

Table – 2 : Percentage distribution of prevalence of tobacco users at selected village.

Total population=1700

Tobacco use	**No**	**Gender**				**Types of tobacco**	**Gender**				**Total**	
		Male		**Female**			**Male**		**Female**			
							No	**%**	**No**	**%**	**No**	**%**
Prevalence	223	No	%	No	%	Smoking	193	100	0	0	193	86.5
						Chewing	51	65.3	27	34.7	78	34.9
		191	**85.6**	**32**	**14.4**	Snuff	19	79	5	21	24	10.7
Non prevalence	1221											

Table-2 depicts the prevalence of tobacco use in the Veerapuram village. Total population of the village during the time of survey done was 1444, out of that around 223 members were using one or more types of tobacco products. Among them 191(85.6%) were males and 32(14.4%) were females. Among the total tobacco users, 193(86.5%)

were smokers, 78(34.9%) of people were using chewing type of tobacco and 24(10.7%) were using snuff. All forms of tobacco use like smoking, chewing and snuff were more prevalent among males (100%, 65% and 79% respectively).

The findings revealed that smoking type of tobacco use is more prevalent in the selected setting which was followed by chewing type of tobacco and all forms of tobacco use were more prevalent among males.

Table no -3(a) : Frequency and percentage distribution of factors influencing tobacco use such as personal factors.

N=100

FACTORS	YES		NO	
	No.	%	No.	%
PERSONAL FACTORS				
1. I am not aware of the adverse effects of	63	63	37	37
tobacco	58	58	42	42
2. I started using tobacco because of curiosity	5	5	95	95
3. I have the rights to smoke	31	31	69	69
4. I am using it to lift up myself	28	28	72	72
5. I started using tobacco to get rid of my tension	44	44	56	56
6. Tobacco is an unavoidable one in my life				

Table- 3(a) depicts the frequency and percentage distribution of factors influencing tobacco use. Majority 63(63%) were unaware about the adverse effects of tobacco use, 58(58%) started using tobacco because of curiosity, 69(69%) were not using

tobacco to lift up themselves, 72(72%) were not started using tobacco to get rid of tension and 56(56%) was not considering tobacco as an unavoidable thing in their life.

The researcher found lack of awareness regarding the ill effects of tobacco was a major personal factor which influenced the tobacco use which was followed by curiosity. So the findings provide the baseline foundation for conducting the study.

Table-3 (b): Frequency and percentage distribution of factors influencing tobacco use such as parental factors, socio economic and cultural factors.

N=100

FACTORS	Yes		No	
	No	%	No	%
FACTORS PARENTAL/ FAMILIAL FACTORS				
1. Using it. My parents are	78	78	22	22
2. My family members are not asking about my tobacco use.	33	33	67	67
3. I am using tobacco as a revenge to my family or because of lack of care and support from my family	0	0	100	100
SOCIO-ECONOMIC AND CULTURAL FACTORS				
1. My friends are encouraging me to smoke always.	56	56	44	44
2. I am getting enough money from job to spend for tobacco.	11	11	89	89
3. Watching advertisement in medias attracted me.	6	6	94	94
4. I am using tobacco to cope up with my job workload	28	28	72	72
5. Tobacco is very easily available that's why I am using	7	7	93	93

6. In my culture, tobacco is considering as a acceptable social habits.	0	0	100	100

Table- 3(b) shows the frequency and percentage distribution of factors influencing tobacco use. With respect to parental factor 78(78%) had a family history of tobacco use, 67(67%) experienced that their family members were asking about tobacco use and none of them were using tobacco as a revenge to their family.

With respect to socio-economic and cultural factors, 56(56%) were encouraged by friends to use tobacco, 89(89%) were not spending money for tobacco because they are getting enough money from job, 94(94%) were not attracted by any tobacco advertisement, 72(72%) were not using tobacco with a purpose to cope up with job workload, 93(93%) were not using tobacco because it is easily available and none of them consider it as an accepted behavior in their culture.

Researcher found that family history of tobacco use was a very big personal factor which influenced the tobacco use. So it was found to be important that family members also should be involved in the public awareness program. Peer pressure was found to be the major socio-economic factor which influenced the tobacco use.

Table - 4(a) : Frequency and percentage distribution of pretest level of knowledge of the tobacco users regarding the ill effects of tobacco.

N= 100

Knowledge Aspects	Inadequate (<50%)		Moderately Adequate (50 – 75%)		Adequate (>75%)	
	No.	%	No.	%	No.	%
General information on tobacco use	8	8.0	78	78.0	14	14
III effects of tobacco	58	58	36	36.0	6	6.0
Treatment and prevention	74	74.0	26	26.0	0	0

Table- 4(a) reveals the frequency and percentage distribution of pretest level of knowledge of tobacco users regarding the ill effects of tobacco.

With regard to the general information on tobacco use, majority 78(78%) of tobacco users had moderately adequate knowledge, 58(58%) had inadequate knowledge on ill effects of tobacco and 74(74%) had inadequate knowledge on treatment and prevention.

The researcher found that majority of the people was unaware about the ill effects of tobacco which was supported by the factor influencing tobacco use. Researcher found it is important to give education regarding the ill effects of tobacco.

Table –4(b) : Frequency and percentage distribution of posttest level of knowledge of the tobacco users regarding the ill effects of tobacco.

N=100

Knowledge Aspects	Inadequate (<50%)		Moderately Adequate (50 – 75%)		Adequate (>75%)	
	No.	%	No.	%	No.	%
General information on tobacco use	5	5.0	59	59.0	36	14
Ill effects of tobacco	28	28	29	29.0	43	43.0
Treatment and prevention	23	23.0	45	45.0	32	32

Table- 4(b) shows the frequency and percentage distribution of post test level of knowledge of tobacco users regarding the ill effects of tobacco.

The post test level of knowledge of tobacco users regarding the ill effects of tobacco revealed that majority, 59(59%) had moderately adequate knowledge on general information, 43(43.0%) had adequate knowledge on ill effects of tobacco, 45(45.0%) had moderately adequate knowledge on treatment and prevention of tobacco use.

Analysis of the post test level of knowledge of tobacco users revealed that individualized public awareness programme can enhance the knowledge of the tobacco users which may help them to quit tobacco use.

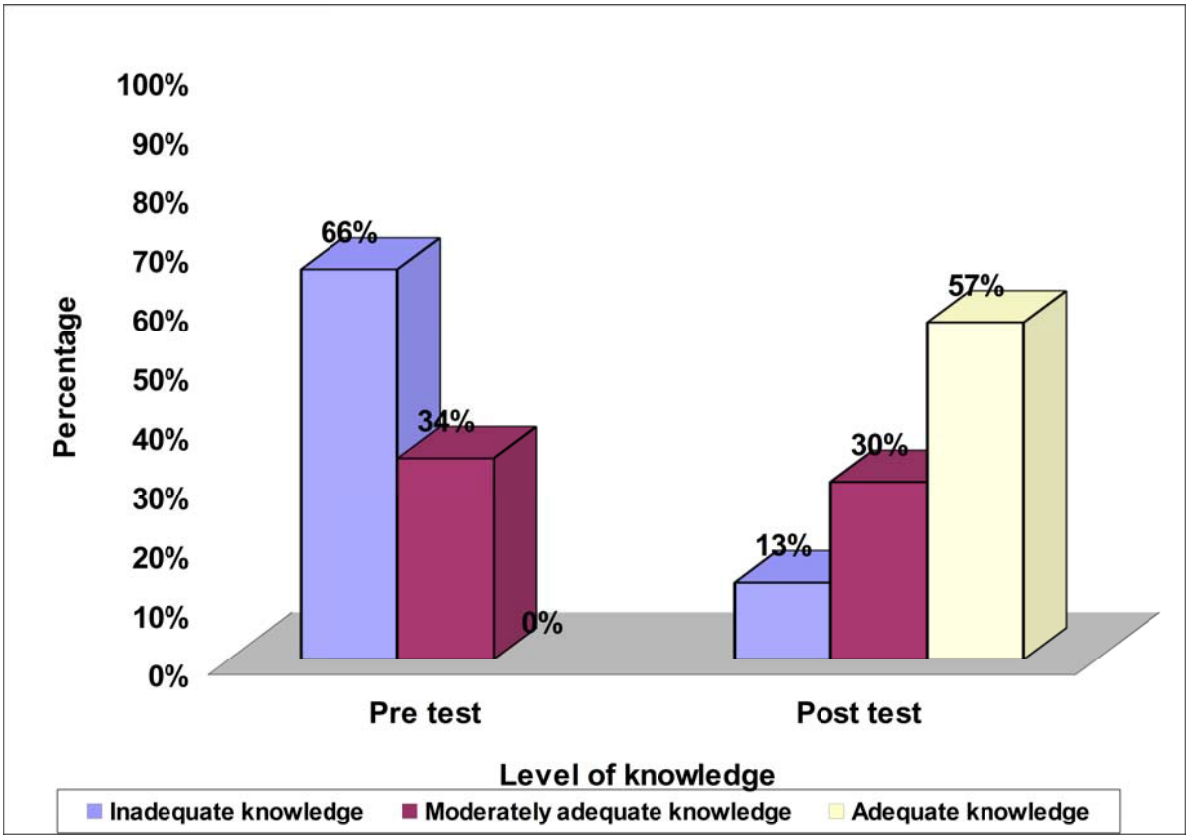


Figure -3: Percentage distribution of overall pre and post test level of knowledge of tobacco users regarding the ill effects of tobacco.

Figure 3 shows the percentage distribution of overall pre and post test level of knowledge of tobacco users regarding the ill effects of tobacco.

With regard to overall pre and post test level of knowledge of tobacco users, 66(66%) had inadequate knowledge in pre test whereas only 13% had inadequate knowledge in the post test, 34(34%) had moderately adequate knowledge in the pre test

but only 30% had moderately adequate knowledge in the post test and none of them had adequate knowledge in the pre test but 57% had adequate knowledge in the post test

Researcher found that the individualized public awareness programme had a noticeable effect on knowledge of the tobacco users regarding the ill effects of tobacco.

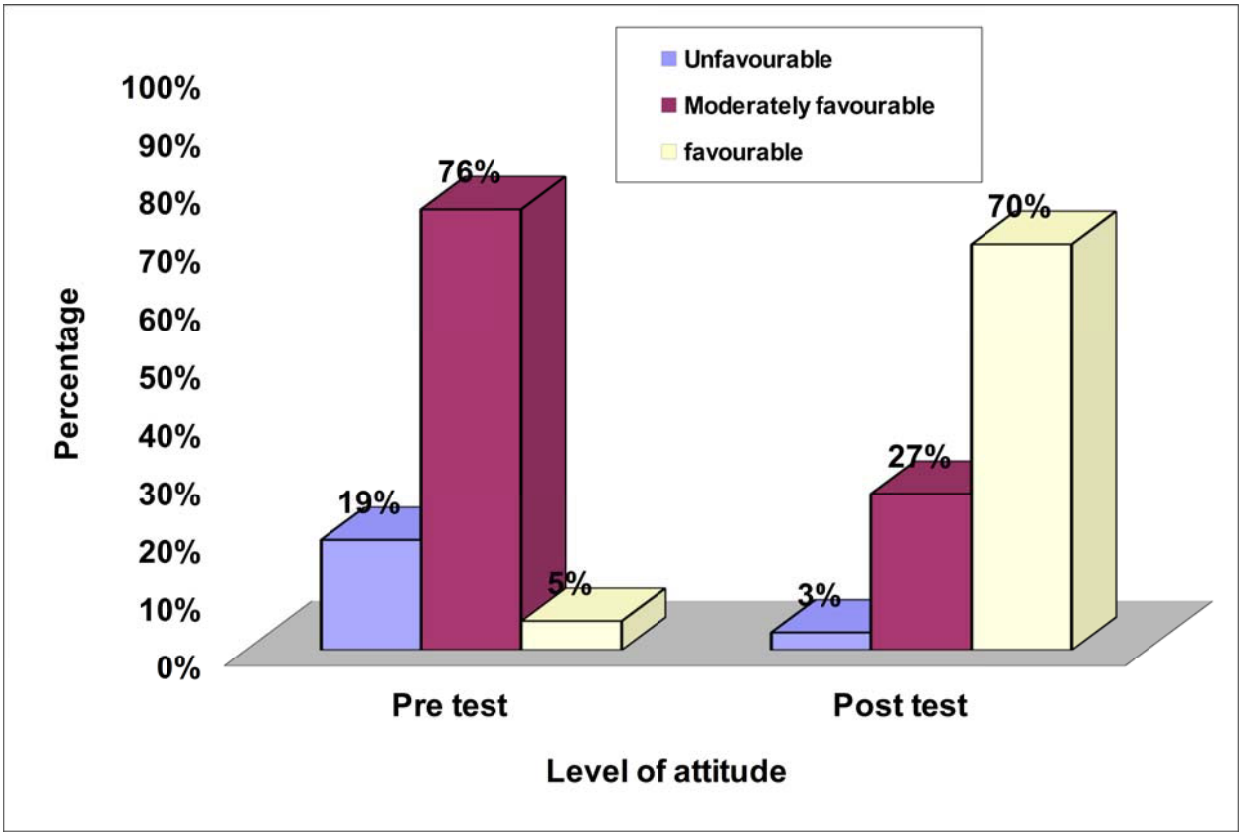


Figure 4: Percentage distribution of pre and post test level of attitude score of tobacco users regarding the ill effects of tobacco.

Fig 4 shows the percentage distribution of pre and post test level of attitude score of tobacco users regarding the ill effects of tobacco.

With regard to pre and post test level of attitude of tobacco users, in the pre test 19(19%), 76(76%) and 5(5%) had unfavorable, moderately favorable and favorable

attitude respectively. However in the post test 70(70%) had favorable attitude, 27(27%) had moderately favorable attitude and only 3(3%) had unfavorable attitude.

Study result suggested that public awareness programme was very effective in changing the attitude of the tobacco users in a positive way Reinforcement towards the same will help them to quit the tobacco use.

SECTION B

Table - 5 : Comparison of pre and post test level of knowledge and attitude score regarding the ill effects of tobacco.

N=100

	PRE TEST		POST TEST		MD	't' value
	Mean	S.D	Mean	S.D		
Knowledge	11.07	2.96	19.19	3.34	8.12	56.489***
Attitude	29.07	5.52	39.81	5.91	10.74	40.645***

***p<0.001, S - Significant

Table -5 shows the comparison of pre and post test level of knowledge and attitude score regarding the ill effects of tobacco.

When comparing the pre and post test level of knowledge regarding the ill effects of tobacco, the pre-test mean knowledge score was 11.07 with S.D 2.96. The post test mean knowledge score was 19.19 with S.D 3.34. The mean difference was 8.12 and the calculated't' value was 56.489, which was statistically highly significant at $p < 0.001$ level. This finding was suggestive of effectiveness of public awareness programme.

When comparing the pre and post test level of attitude regarding ill-effects of tobacco, the pre-test mean attitude score was 29.07 with S.D 5.52. The post test mean attitude score was 39.81 with S.D 5.91. The mean difference was 10.74 and the

calculated ‘t’ value was 40.645, which was statistically highly significant at $P < 0.001$ level. This finding was suggestive of effectiveness of public awareness programme.

The study result provided an insight that individualized awareness programme is effective instead of mass education. Researcher found that it is more effective if there is enough man power and material to provide individualized awareness to large areas for helping the people to quit tobacco use.

Table -6: Correlation of mean differed knowledge score with attitude score regarding the ill effects of tobacco.

N=100

Variables	**Mean**	**S.D**	'r' value
Knowledge	8.12	1.44	r = 0.126*
Attitude	10.74	2.64	p= 0.05

*p<0.05, S – Significant

Table- 6 shows the correlation of mean differed level of knowledge with attitude score regarding the ill effects of tobacco.

While analyzing the level of knowledge of tobacco users, the mean knowledge score was 8.12 with S.D of 1.44 and the mean attitude score was 10.74 with S.D of 2.64. The calculated 'r' value was 0.126 at p<0.05, which showed that there was low positive correlation indicating that if knowledge improves there is a mild enhancement in favourable attitude.

SECTION C

Table – 7(a) : Association between mean differed knowledge score regarding the ill effects of tobacco among tobacco users and their selected demographic variable.

N = 100

Demographic Variables	Pretest		Posttest		Mean Difference		ANOVA
Age in years	**No**	%	**No**	%	**No**	%	
17-27	13.12	1.73	21.50	1.69	8.37	1.41	F=0.273 NS
28-38	12.67	2.15	20.95	2.33	8.28	1.35	
39-49	11.63	2.96	19.74	3.12	8.11	1.37	
50 and above	9.59	2.79	17.50	3.38	8.00	1.55	
Gender							t=1.115 NS
Male	11.43	2.73	19.62	2.99	8.19	1.37	
Female	7.80	3.08	15.30	3.94	7.50	1.90	
Education							F= 0.633 NS
No formal education	8.91	2.79	16.85	3.52	7.94	1.39	
Primary education	11.76	2.16	20.02	2.38	8.25	1.50	
Higher secondary education	15.7	0.75	23.5	0.79	7.86	1.07	

	1		7				
Diploma	-	-	-	-	-	-	
Graduate and above	-	-	-	-	-	-	

*p=<0.05,S- Significant, NS- Not Significant

Table - 7(a) shows that there was no statistically significant association between the mean differed knowledge score and any of the selected demographic variables.

Table – 7(b) : Association between mean differed attitude score regarding the ill effects of tobacco among tobacco users and their selected demographic variable.

N = 100

Demographic Variables	**Pretest**		**Posttest**		**Mean Difference**		**ANOVA**
Age in years	**No**	%	**No**	%	**No**	%	
17-27	29.62	3.99	41.37	3.50	11.75	1.28	F=1.980 NS
28-38	31.86	5.08	42.57	5.38	10.75	2.30	
39-49	29.44	5.59	40.92	5.49	11.48	2.50	
50 and above	27.41	5.46	37.52	6.02	10.11	2.93	
Gender							t = 0.960 NS
Male	29.50	5.61	40.35	5.85	10.85	2.49	
Female	25.20	2.20	34.90	3.90	9.70	3.71	
Education							F= 2.956 NS
No formal education	26.32	5.58	36.35	6.42	10.03	2.83	

Primary education	29.97	4.94	40.91	4.58	10.95	2.52	
Higher secondary education	34.86	2.27	47.28	0.95	12.43	1.72	
Diploma	-	-	-	-	-	-	
Graduate and above	-	-	-	-	-	-	

*p<0.05, S – Significant, NS – Not Significant

Table- 7(b) shows the association between mean differed level of attitude score of tobacco users and selected demographic variable. Analysis shows that there was no statistically significant association of the mean differed attitude score with any of the selected demographic variables.

CHAPTER – 5

DISCUSSION

This chapter discusses in detail about the finding of the analysis in relation to the objectives of the study. The following were the objectives of the study and further discussion will exemplify how these objectives were satisfied by the study.

OBJECTIVE OF THE STUDY

The first objective was to assess the prevalence of tobacco users in the selected village.

The findings of the study revealed that out of the total population of the village (1444) around 223(15.5%) people were using one or more types of tobacco products. Among them 191(85.6%) were males and 32(14.4%) were females. Among the total tobacco users, 193(86.5%) were smokers, 78(34.9%) of people were using chewing type of tobacco and 24(10.7%) were using snuff. All forms of tobacco use like smoking, chewing and snuff were more prevalent among males (100%, 65% and 79% respectively).

The second objective was to identify the factors influencing tobacco use.

The findings of the study showed that, majority 63(63%) were unaware about the adverse effects of tobacco use, 58(58%) were using tobacco because of curiosity, 31(31%) were using tobacco to lift themselves, 28(28%) were using tobacco to get rid of tension and 44(44%) was considering tobacco as an unavoidable thing in their life.

With respect to parental factor, 78(78%) had a family history of tobacco use, 67(67%) experienced that their family members were asking about tobacco use and none of them were using tobacco as a revenge to their family.

With respect to socio-economic and cultural factors, 56(56%) were encouraged by friends to use tobacco, 89(89%) were not spending money for tobacco because they are getting enough money from job, 94(94%) were not attracted by any tobacco advertisement, 72(72%) were not using tobacco with a purpose to cope up with job workload, 93(93%) were not using tobacco because it is easily available and none of them consider it as an accepted behavior in their culture.

The third objective was to assess the pre and post test level of knowledge and attitude regarding the ill effects of tobacco among tobacco users.

The findings of the study revealed that majority of tobacco users 66(66%) had inadequate knowledge, 34(34%) had moderately adequate knowledge and none of them had adequate knowledge regarding the ill effects of tobacco.

The findings of the study revealed that majority, 76(76%) had moderately favorable attitude, 19(19%) had unfavorable attitude and 5(5%) had favorable attitude.

Analysis of the post test level of knowledge of the tobacco users revealed that, 13(13.0%) had inadequate knowledge, 30(30.0%) had moderately adequate knowledge and 57(57%) had adequate knowledge regarding the ill effects of tobacco.

Analysis of the post test level of attitude of the tobacco users revealed that, 3(3.0%) had unfavorable attitude, 27(27.0%) had moderately favourable attitude and 70(70%) had favourable attitude regarding the ill effects of tobacco.

The fourth objective was to assess the effectiveness of public awareness programme on knowledge and attitude regarding the ill effects of tobacco among tobacco users.

When comparing the pre and post test level of knowledge regarding the ill effects of tobacco, the pre-test mean score was 11.07 with S.D 2.96. The post test mean score was 19.19 with S.D 3.34. The mean difference was 8.12 and the calculated't' value was 56.489, which was statistically highly significant at P <0.05 level. This finding was suggestive of effectiveness of public awareness programme.

When comparing the pre and post test level of attitude regarding the ill effects of tobacco, the pre-test mean score was 29.07 with S.D 5.52. The post test mean score was 39.81 with S.D 5.91. The mean difference was 10.74 and the calculated 't' value was 40.645, which was statistically highly significant at P<0.001. This finding was suggestive of effectiveness of public awareness programme.

Hence the null hypotheses $\mathbf{NH_1}$ stated in the present study that **"there is no significant difference in pre and post test level of knowledge and attitude regarding the ill effects of tobacco use at p<0.05 level"** was **rejected**.

The fifth objective was to correlate the mean differed knowledge score with attitude score regarding the ill effects of tobacco among tobacco users.

While analyzing the level of knowledge and attitude of tobacco users, the mean knowledge score was 8.12 with S.D of 1.44 and the mean attitude score was 10.74 with S.D of 2.64. The calculated 'r' value was 0.126 at $p<0.05$, which showed that there was a moderate positive correlation indicating that as knowledge improves there was enhancement in favourable attitude also.

Hence the null hypotheses **NH_2** stated in the present study that **"there is no significant relationship between the mean differed knowledge score with attitude score regarding the ill effects of tobacco at $p<0.05$ level"** was **rejected**.

The sixth objective was to associate the mean differed knowledge and attitude score with their selected demographic variables.

The study result revealed that none of the demographic variables had shown a statistical significant association with the mean differed knowledge score and attitude score regarding the ill effects of tobacco.

Hence the null hypotheses **NH_3** stated in the present study that **"there is no significant association between the mean differed knowledge score and attitude scores and selected demographic variables at $p<0.05$ level"** was **accepted**.

LIMITATION

The investigator found difficulty in collecting the prevalence of tobacco use because of deficit of research assistants and collecting data from samples because of their job schedule.

CHAPTER – 6

SUMMARY, CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS

This chapter presents the summary, conclusion, implications, recommendation for further study are prescribed.

SUMMARY

Tobacco consumption is one of the leading preventable causes of disease and death globally. Tobacco kills around 6 million people each year globally, in which more than 600,000 people were exposed to second hand smoke. The causes of tobacco use among males include peer pressure, advertisement, stress relief, rebellious, family history, easy availability and curiosity and that of women include cultural, psychosocial and socio economic factors including body image and peer pressure. Tobacco use will leads to many problems such as physical problems, psychological problems, social problems, cognitive problems and ecological problems. Many of the people are unaware of the ill effects of tobacco.

Health care provider plays an important role in implementing tobacco control programme through health educations and other public awareness programmes. So the investigator felt the need of a public awareness programme on ill effects of tobacco and the investigator developed a multimedia package on ill effects of tobacco. Keeping this view the investigator undertook a study to assess effectiveness of public awareness programme on knowledge and attitude regarding the ill effects of tobacco among tobacco users at selected village, vellore District.

The findings of the study revealed that the total number of tobacco users were 223 out of the total population of 1444 at the time of survey in Poigai.sThe major factors influencing tobacco use were family history of tobacco use, lack of awareness regarding the ill effects of tobacco use, curiosity and peer pressure. While comparing the pre and post test level of knowledge and attitude score regarding ill-effects of tobacco, the calculated paired‘t’ value was 56.489 and 40.645 respectively, which was statistically highly significant at $p < 0.001$ level. The calculated ‘r’ value was 0.126 which showed there was moderate positive correlation indicating that as knowledge improves there is an enhancement in favorable attitude also. Study concluded that the level of knowledge and attitude has improved after the administration of public awareness programme.

CONCLUSION

The present study aimed to assess the effectiveness of public awareness programme on knowledge and attitude regarding the ill effects of tobacco among tobacco users in selected village. Hence the investigator concluded that there was a significant improvement in knowledge and attitude of tobacco users after the administration of public awareness programme. Thus the public awareness programme proved that it was an effective educational tool to improve the knowledge and attitude of tobacco users regarding the ill effects of tobacco in the community.

IMPLICATIONS

The investigator had drawn the following implication from the study which is of vital concern in the field of nursing service, administration, nursing education and research

Nursing service

Nurses should have adequate knowledge regarding the harmful effects of tobacco thereby they can educate the patients and public regarding the ill effects of tobacco. Community health nurses have an important role in the tobacco control activities. Hence it will help them to motivate the public to quit tobacco use.

Mass tobacco cessation program can be conducted periodically by the nurses at various places in rural and urban settings. There are opportunities for nurses to run tobacco cessation clinic at present.

All nurses who practice in all the branches of nursing should be familiar with utilization of public awareness programme on ill effects of tobacco among public as it affect all the age groups and both the gender.

Nursing Education

Strengthening the nursing curriculum of the nurses to exceed them in knowledge to educate the public regarding the ill effects of tobacco and motivate them to quit tobacco use.

This simple package is cost effective, reliable and can be easily incorporated in all branches of nursing. Nursing education should emphasize on the ill effects of tobacco and ways to quit tobacco use.

Nursing Administration

The Nurse administrator has an important role in creating awareness about ill effects of tobacco for both her professionals and the public. She has to organize camps and health education programmes in both hospital settings and community setting.

The Nurse administrators can involve agencies including Governmental and Non Governmental agencies to develop the policies and protocols on tobacco cessation at various levels of health care delivery system.

Nurse Managers are in a position to organize seminars, workshops, conferences and in-service educations on various ill effects of tobacco and different ways to quit tobacco use which will enable the public and also the professionals to update their knowledge.

Nursing Research

The findings of the study can be disseminated to the clinical personnels and student nurses through website, journals etc. The generalization of the study results can be made by further replication of the study in various settings. The findings of the study will help the professional nurses and student nurses to educate the public regarding the ill effects of tobacco.

Nursing research is a powerful means of solving issues about health care interventions and finding better ways of promotion of health, prevention of illness and rehabilitation services to all people.

RECOMMENDATIONS

1. A tobacco cessation clinic can be started at arun hospital.
2. Public awareness programme on ill effects of tobacco for community is strongly recommended in both hospital and community setting.
3. A Qualitative study can be conducted to explore the effect of tobacco on tobacco users.
4. The researcher encourages the utilization of public awareness programme regarding the ill effects of tobacco in schools and colleges.
5. A similar study can be conducted using true experimental research design by including experimental and control group.
6. A comparative study can be done in different settings.
7. A prospective study can be done to identify the ill effects of tobacco use.

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APPENDICES

Letter requested opinion and suggestion of experts for establishing content validity of research.

CERTIFICATE OF VALIDATION

I hereby certify that I have validated the research tool of Mr. Yugandhar , 2nd year student in Master of science in Nursing programme at Arun College of Nursing, Vellore – 632 001 who is undertaking study **on " EFFECTIVENESS OF PUBLIC AWARENESS PROGRAMME ON KNOWLEDGE AND ATTITUDE REGARDING THE ILL-EFFECTS OF TOBACCO AMONG TOBACCO USERS AT SELECTED VILLAGES, VELLORE DISTRICT".**

Signature :

Name :

Designation :

Date :

Seal :

RESEARCH PARTICIPANT CONSENT FORM

I am an M.Sc., Nursing student Arun College of Nursing ,Vellore. As a part of my study a research on effectiveness of effectiveness of public awareness programme on knowledge and attitude regarding the ill effects of tobacco among tobacco users at selected village, Vellore District is selected to be conducted.

I hereby seek your consent and co-operation to participate in the study. Please be frank and honest in your responses. The information collected will be kept confidential and anonymity will be maintained.

Signature of the researcher,

Mr .YUGENDAR

I ————————hereby consent by participate and undergo the study.

Signature of the participant

DATA COLLECTION TOOL

TOBACCO SURVEY FORMAT

I. GENERAL INFORMATION

a) Name of the village :

b) Date of survey :

c) Family number :

d) Address :

II. FAMILY CHARACTERISTICS

a. Joint / nuclear : Joint ☐ Nuclear ☐

b. Size of the family :

Total number :

c. Religion :
- Hindu ☐
- Christian ☐
- Muslim ☐
- Others ☐

d. Economic status /Monthly income of family:
- ≤2000 ☐
- 2001-4000 ☐
- 4001-6000 ☐
- >6000 ☐

e. Family history of any tobacco use :

Yes ☐ No ☐

If yes

First degree ☐

1. Second degree ☐
2. Third degree ☐

f. Number of family members using ☐ tobacco : ☐

SECTION B: DEMOGRAPHIC VARIABLES

1. **Age in years**
   - **a.** 17 – 27
   - **b.** 28 – 38
   - **c.** 39 – 49
   - **d.** 50 and above

2. **Gender**
   - **a.** Male

b. Female

3. Education

a. No formal education
b. Primary education
c. Higher secondary education
d. Diploma
e. Graduate and above

4. Religion

a. Hindu
b. Christian
c. Muslim
d. Others

5. Marital status

a. Married
b. Unmarried
c. Widow
d. Separated

6. Occupation

a. Skilled
b. Semiskilled
c. Professional
d. Home maker

7. Family type

a. Nuclear family
b. Joint family
c. Adults living alone
d. Cohabitating family
e. Others

8. Monthly income is Rs.

a. ≤ 2000
b. 2001 – 4000
c. 4001 – 6000
d. > 6000

9. Family history of tobacco use

a. Yes
b. No

If yes, specify the relationship

First degree ( )

Second degree ( )
Third degree ( )
How many years ---------

10. Onset of tobacco use (age in years) :

11. Expenditure spent for tobacco per day (in Rs)
- **a.** ≤ 10
- **b.** 11- 20
- **c.** 21 – 30
- **d.** > 30

12. Quantity of tobacco use per day
- **a.** ≤ 2
- **b.** 3 – 5
- **c.** 6 – 8
- **d.** > 8

SECTION C: KNOWLEDGE QUESTIONNAIRE
GENERAL INFORMATIONS

1. Meaning of tobacco use
- a. Inhalation of the smoke of tobacco
- b. Chewing tobacco
- c. Chewing and inhaling the tobacco
- d. Burning tobacco to relieve from stress

2. Toxic chemicals present in the tobacco are
- a. Nicotine, Tar, lead
- b. Nicotine, Carbon monoxide, Lead
- c. Nicotine, Carbondioxide, Tar
- d. Nicotine, Carbon monoxide, Tar

3. Country which is the Second largest consumer of tobacco
- a. United States
- b. India
- c. Pakistan
- d. Japan

4. Metropolitan city in India which is having highest tobacco related cancer
- a. Delhi
- b. Mumbai
- c. Chennai
- d. Kolkata

5. World's leading cause of preventable death
   a. Smoking
   b. Infectious disease
   c. AIDS
   d. Violence

6. Most immediate effect of tobacco usage
   a. Itching over the skin
   b. Vomiting
   c. Giddiness
   d. Bad breath

7. Withdrawal symptoms of smoking
   a. Abdominal pain and headache
   b. Depression and eye pain
   c. Tiredness and sneezing
   d. Dry mouth and yellow teeth

ILL EFFECTS

8. Most common fatal effect of smoking is
   a. Lung cancer
   b. Stomach cancer
   c. Colon cancer
   d. Liver cancer

9. Adverse effect of second hand smoke is
   a. Asthma
   b. Breast cancer
   c. Gastritis
   d. Peptic ulcer

10. Most common adverse effect of tobacco chewing is
   a. Lung cancer
   b. Skin cancer
   c. Oral cancer
   d. Liver cancer

11. Most common cancer among tobacco users
   a. Brain tumor
   b. Prostate cancer
   c. Lung cancer
   d. Breast cancer

12. Most common cause of death due to cardiac problem among tobacco users
   a. Heart attack

b. Aortic aneurysm
c. Myocarditis
d. other arterial diseases

13. Effect of tobacco in cardiovascular system
a. Build up of plaque
b. Dilation of blood vessel
c. Low blood pressure
d. Hypertrophy of heart

14. Common cause of death due to respiratory problem among tobacco users
a. Lung cancer
b. Chronic obstructive pulmonary disease
c. Asthma
d. Emphysema

15. Risk percentage of death due to respiratory problems in smokers compared to non smokers
a. 5%
b. 2%
c. 20%
d. 10%

16. Early symptom of oral cancer among smokers is
a. Erythroplakia
b. Swollen tongue
c. Loss of teeth
d. Bad breath

17. Maternal smoking will result in the following
a. Low birth weight
b. Cancer
c. Maternal death
d. Jaundice

18. Common communicable disease due to tobacco use
a. Malaria
b. Influenza
c. Measles
d. Mumps

19. Common social problem occur due to tobacco use
a. Depression
b. Juvenile delinquency

c. Violence
d. Accidents

20. Tobacco usage increases the risk of
a. Alzhimer's disease and dementia
b. Depression and withdrawal problems
c. Parkinsonism and delirium
d. Depression and dementia

21. Tobacco exacerbates
a. Pollution
b. Stress
c. Poverty
d. Death

22. Effect of passive smoking in children
a. Reduce the lung function
b. Stress
c. Depression
d. Memory impairment

TREATMENT

23. First step in quitting tobacco use
a. Get support
b. Give yourself to quit
c. Set a quit date
d. Throw the tobacco

24. One of the treatment to quit tobacco use is
a. Support from parents and friends
b. Nicotine replacement
c. Isolation from family
d. Both a and b

25. Preventive method to protect the effect of passive smoking is
a. Prohibiting the use of advertising in cinemas
b. Prohibiting through enactment of law
c. Prohibiting the sale of cigarettes irrespective of age
d. Prohibiting the use of promotional items

KEY

1 c	2) d
3 b	4) c
5 a	6) d
7 a	8) a
9 a	10) c
11 d	12) a
13 a	14) b
15 d	16) a
17 a	18) b
19 d	20) a
21 c	22) a
23 b	24) d
25 a	

Scoring Key:

The questionnaire consisted of 25 multiple choice questions with one correct answer. Hence, each correct answer was given (1) mark and wrong answer was given (0) mark. Thus totaling maximum was 25 marks to interpret the level of knowledge. The level of knowledge categorized as

≤50%	-	Inadequate knowledge
50 – 75%	-	Moderately adequate knowledge
>75%	-	Adequate knowledge

III INDIVIDUAL INFORMATION

1. Name of the person :

2. Age :
3. Gender : M/F
4. Education :
5. Occupation :
6. Age of onset of tobacco use :
7. Type of tobacco using :

Smoking : Cigarette ☐ Beedi ☐ Cigars ☐
Chewing : Kaini ☐ Gutka ☐ Pan ☐ Hans ☐

8. How many cigarettes / chew per day:
9. Any ill effects : Yes/ No

If yes specify :

10. Attempts to quit tobacco use :

SECTION D: MODIFIED CHECKLIST TO ASSESS THE FACTORS INFLUENCING TOBACCO USE

SL.NO	FACTORS	YES	NO
1 2 3	**PERSONAL FACTORS** 1. I am not aware of the adverse effects of tobacco 2. I started using tobacco because of curiosity 3. I have the rights to smoke 4. I am using it to lift up myself 5. I started using tobacco to get rid of my tension 6. Tobacco is an unavoidable one in my life **PARENTAL/ FAMILIAL FACTORS** 7. My parents are using it. 8. My family members are not asking about my tobacco use. 9. I am using tobacco as a revenge to my family or because of lack of care and support from my family. **SOCIO-ECONOMIC AND CULTURAL FACTORS** 10. My friends are encouraging me to smoke always. 11. I am gettimg enough money from job to spend for tobacco. 12. Watching advertisement in medias attracted me. 13. I am using tobacco to cope up with my job workload 14. Tobacco is very easily available that's why I am using 15. In my culture, tobacco is considered as a acceptable social habits.		

SECTION E: 5 POINT RATING SCALE TO ASSESS THE ATTITUDE

SL. NO.	CRITERIA	SA	A	UC	D	SD
1	Taking tobacco improves your social status and identity in a group					
2	I feel taking tobacco over a long period leads to chronic illness					
3	I believe that taking tobacco leads to family and social problems					
4	I believe that after a smoke/ chewing will relieve stress and tension immediately					
5	I feel spending money to buy cigarette / pan is waste					
6	I believe that using tobacco will loose one's respect for himself among his family and society					
7	I feel personal motivation is the best way to quit tobacco					
8	I believe that like any other chronic disease , tobacco does not create a major public health problems					
9	Taking tobacco over a longer period of time does not leads to tolerance and dependence					
10	I feel taking tobacco is a form of acceptable social habits					

KEY: Score

Positive items: 5, 4, 3, 2, 1

Negative items: 1, 2, 3, 4, 5

ILL EFFECTS OF TOBACCO

LESSON PLAN ON ILL EFFECTS OF TOBACCO

SUBJECT : Ill effects of tobacco

GROUP : Tobacco users

PLACE : Poigai village

DURATION : 30 minutes

TEACHING METHOD : Lecture cum discussion

INSTRUCTOR : Investigator

INSTRUCTIONAL AID : Technology integrating teaching using power point, video show and pamphlets

GENERAL OBJECTIVES : At the end of the class the tobacco users will be able to gain knowledge and positive attitude regarding ill effects of tobacco.

SPECIFIC OBJECTIVES : At the end of the class the tobacco users will be able to,

- state the meaning of tobacco use
- list the components of tobacco
- enumerate the effect of nicotine
- enlist the reasons for tobacco use
- list down the signs and symptoms of tobacco use
- enumerate the ill effects of tobacco
- list down the treatment and preventive measures

S.NO	CONTRIBUTORY OBJECIVES	CONTENT	INVESTIGATOR'S ACITIVITY	LEARNER'S ACTIVITY
	At the end of the class the leaner will be able to			
		INTRODUCTION Tobacco consumption is one of the leading preventable cause of disease and death globally. In the rural community the most common practice of tobacco abuse is smoking where in a substance commonly used tobacco is burned and the smoke is tasted or inhaled. It is primarily used as a form of recreational drug and also as a part of rituals. The most common method of smoking nowadays is through cigarettes, both industrially manufactured and hand rolled. Other less common forms are pipes, cigars, hookahs and bongs.		

S.NO	CONTRIBUTORY OBJECIVES	CONTENT	INVESTIGATOR'S ACITIVITY	LEARNER'S ACTIVITY
1.	state the meaning of tobacco use	Tobacco is a type of American leaves which contains nicotine. Tobacco may be consumed by either smoking(in the form of cigarettes, cigars, beedies, cheroots, chuttas, dhumti, pipe, hooklis, chillum and hookah) or other smokeless as chewed(as gutka, khaini, pan masala, mawa, snus etc) and inhaled as snuff.	Lecture cum discussion by using power point	Listening
2.	state the burden of tobacco over country	✓ India is the second largest country who consumes tobacco ✓ Tobacco is the world's leading cause of preventable death ✓ Cancer caused by tobacco is highest among men from Kolkata and least among those from Mumbai in the metropolitan cities. ✓ Among women, tobacco related cancers were highest in those from Chennai	Lecture cum discussion using power point	Listening

S.NO	CONTRIBUTORY OBJECIVES	CONTENT	INVESTIGATOR'S ACITIVITY	LEARNER'S ACTIVITY
		and least among women in Delhi.		
3.	list the components of tobacco	**COMPONENTS OF TOBACCO** Tobacco is a complex mixture of chemicals such as nicotine, carbon monoxide, hydrogen cyanide, nitrogen oxides, formaldehyde, acroleine, benzene, phenol, poly aromatic hydrocarbons, N-nitrosamines, cadmium, ammonia, methanol, arsenic and acetic acid	Lecture cum discussion using power point	Listening
4.	enumerate the effects of nicotine	**EFFECTS OF NICOTINE** ✓ Build up low density lipo protein and decrease in high density lipo protein in the blood stream ✓ Increased risk of atherosclerosis or plaque build up (hardening of arteries)	Lecture cum discussion using power point	Listening

S.NO	CONTRIBUTORY OBJECIVES	CONTENT	INVESTIGATOR'S ACITIVITY	LEARNER'S ACTIVITY
		✓ Increased risk of blood clotting or thrombosis especially where plaque accumulates in the blood vessels ✓ Constricted blood vessels and decreased blood flow to vital organs, including the heart and the brain ✓ Increased heart rate, which strains your heart and puts you at higher risk for heart attack and stroke ✓ Increased blood pressure which can also cause damage to the heart and other vital organs including the kidneys.		
5.	enlist the causes for tobacco use	**CAUSES FOR TOBACCO USE** • Peer pressure • Advertisement • Stress • Rebellious	By using power point presentation	Listening

S.NO	CONTRIBUTORY OBJECIVES	CONTENT	INVESTIGATOR'S ACITIVITY	LEARNER'S ACTIVITY
		• Family history of tobacco use • Easy availability • Curiosity		
6.	list down the signs and symptoms of tobacco use	**SIGNS AND SYMPTOMS OF TOBACCO USE** ✓ Bad breath ✓ Yellow teeth ✓ Cough ✓ Wheezing ✓ Respiratory infection ✓ Teeth loss ✓ Gum disease ✓ Fatigue **WITHDRAWAL SYMPTOMS OF TOBACCO** ➢ Head ache ➢ Stomach ache ➢ Crabbiness ➢ Jumpiness ➢ Lack of energy ➢ Dry mouth ➢ Sore throat ➢ Desire to pig out ➢ Nausea and vomiting ➢ Drowsiness ➢ Diarrhea or constipation	Lecture cum discussion using power point presentation	Listening

S.NO	CONTRIBUTORY OBJECIVES	CONTENT	INVESTIGATOR'S ACITIVITY	LEARNER'S ACTIVITY
		➢ Loss of concentration ➢ Insomnia		
7.	enumerate the ill effects of tobacco use	**ILL EFFECTS OF TOBACCO USE** ➢ **PHYSIOLOGICAL EFFECTS** ➢ **PSYCHOLOGICAL EFFECTS** ➢ **SOCIAL PROBLEMS** ➢ **COGNITIVE PROBLEMS** **PHYSIOLOGICAL EFFECTS** ❖ Cancer particularly lung cancer, kidney cancer, cancer of larynx, head and neck, breast cancer, bladder cancer, cancer of esophagus, cancer of pancreas, and stomach cancer. ❖ Other less common	Lecture cum discussion using power point presentation	Listening

S.NO	CONTRIBUTORY OBJECIVES	CONTENT	INVESTIGATOR'S ACITIVITY	LEARNER'S ACTIVITY
		cancers are myeloid leukemia, squamous cel sinonasal cancer, liver cancer, colo rectal cancer, cancer of gall bladder, adrenal gland and small intestine ❖ Pulmonary complications include chronic obstructive pulmonary disease, pnemonia and asthma ❖ Cardiovascular complications include atherosclerosis, coronary artery disease, aortic rupture, peripheral vascular disease and thromboanginitis obliterance. ❖ Other problems include chronic kidney failure, diabetic nephropathy, stroke, influenza, periodontitis, gingival		

S.NO	CONTRIBUTORY OBJECIVES	CONTENT	INVESTIGATOR'S ACITIVITY	LEARNER'S ACTIVITY
		recession, halitosis, leukoplakia, infections such as tuberculosis, common cold and bronchitis. ❖ Other less common ill effects include impotence, infertility, blindness, cataract and hip fracture **PSYCHOLOGICAL EFFECTS** ✓ Stress ✓ Withdrawal problems ✓ Depression **SOCIAL PROBLEMS** ➢ Divorce ➢ Road traffic accident ➢ Violence ➢ Family conflict **COGNITIVE PROBLEMS** ➢ Alzheimer's disease ➢ Dementia ➢ Cognitive decline		
8.	discuss the treatment measures of tobacco use	**TREATMENT OF TOBACCO USE** **STRATEGIES TO HELP YOU QUIT** ❖ First give yourself a	Lecture cum discussion using power point presentation	Listening

S.NO	CONTRIBUTORY OBJECIVES	CONTENT	INVESTIGATOR'S ACITIVITY	LEARNER'S ACTIVITY
		pat on the back for wanting to quit. That is the first step ❖ Get support: ask your parents or friends. If they smoke and are not interested then find out a support group in person or online ❖ Set a quit date: mark it on your calendar and tell your friends and family ❖ Throw away your cigarettes and chew: all of it get rid off the ash trays and lighters too. ❖ Wash all your clothes: get rid of the cigarette smell ❖ Think about triggers: avoid those or substitute something else for cigarettes ❖ Keep yourself busy	and video show	

S.NO	CONTRIBUTORY OBJECIVES	CONTENT	INVESTIGATOR'S ACITIVITY	LEARNER'S ACTIVITY
		❖ Reward yourself. Use the money that you would have used to buy cigarettes to buy yourself something special ❖ If you are having trouble with the strategies you may need to talk to a doctor who can give you some suggestions ❖ Nicotine replacement therapy in the form of gum, patches, nasal spray and oral inhalers		
9	list the preventive measures for tobacco use	**PREVENTION** • Prohibiting the advertisement of tobacco use in medias • Prohibition of tobacco use in public area • Prohibition of production of tobacco products • Maintaining license	Lecture cum discussion	Listening

S.NO	CONTRIBUTORY OBJECIVES	CONTENT	INVESTIGATOR'S ACITIVITY	LEARNER'S ACTIVITY
		for tobacco cultivation • Eat as much as food you want which is of low calorie foods and drinks. • Take plenty of water which help with tension and restlessness during quitting • Get help from different self help group		
10	list some of the tobacco cessation clinics	**TOBACCO CESSATION CLINICS** ✓ National Institute Of Mental Health and Neuroscience, Banglore ✓ Cancer Institute(WIA), Adyar, Chennai ✓ Regional Cancer Centre, Trivandrum.	Lecture cum discussion	Listening
		Conclusion: Thank you very much for your patience listening, I hope you have understood about the ill effects of		

S.NO	CONTRIBUTORY OBJECIVES	CONTENT	INVESTIGATOR'S ACITIVITY	LEARNER'S ACTIVITY
		tobacco and the ways to quit tobacco use and you will use this knowledge in your daily life to get rid of the ill effects of tobacco.		